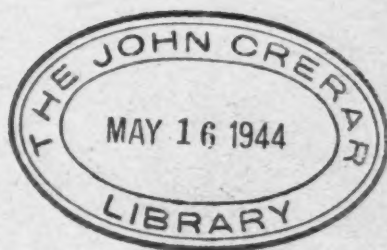


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The Fortnightly
REVIEW
OF THE CHICAGO DENTAL SOCIETY

May 15, 1944



Volume 7 • Number 10



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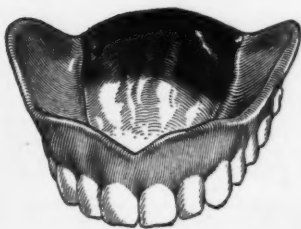
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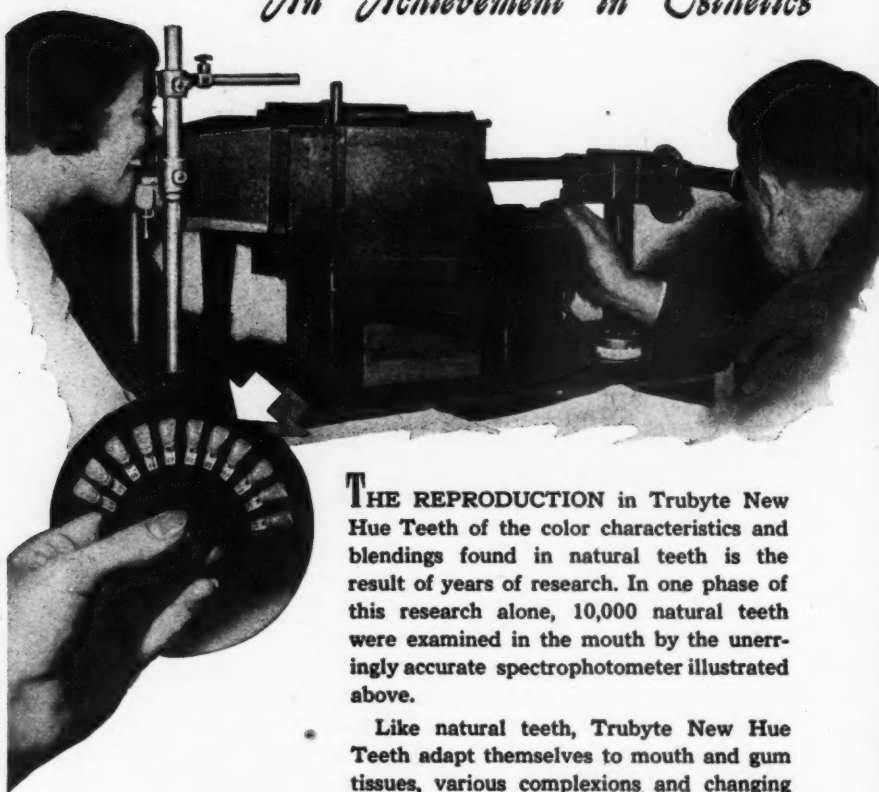
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The Fortnightly
REVIEW
OF THE CHICAGO DENTAL SOCIETY

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Volume 7

1944-45 Officers to be Installed at May Meeting	5
May Meeting Program	9
Questions and Answers	10
<i>Vincent's Stomatitis</i>	
<i>Acrylics in Partial Dentures and Bridgework</i>	
News and Announcements	15
Minutes of April Meeting	17
Quotations and Abstracts	18
News of the Branches	20
Society Directory	25
Ethics Committee	25

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Demonstration
Symposium on
Full Dentures

THURSDAY, MAY 18
8:00 P. M.

Grand Ball Room

Palmer House

Demonstrators

Lester W. Boyd

John M. Besser

J. R. Carlton and
Ralph E. Libberton

Michael Gaudio

Henry Glupker

M. B. Hattenhauer

John C. Heisler

E. Byron Kelly

E. A. Rubin

Victor Seitz

Subjects

"The Fred S. Meyer Technic"

"Demonstrating Closed Mouth Modeling Compound Impression Technic: Establishing the Vertical Dimension, the Occlusal Plane, Medium and Cuspid Markings"

"Basic Principles of Full Denture Construction (McGrane Procedures)"

"1. Patient Demonstration of Gothic Arch Tracing"

"2. Showing Patient with Dentures"

"Mandibular Impression Technic"

"End Result in Complete Denture Prosthesis"

"Immediate Dentures"

"An Explanation of a New Denture Technic"

"Processing Technic and Its Relation to Physical Changes in Acrylic Dentures"

"A Method of Obtaining Vertical Dimension, Occlusal Planes and Gothic Arch Tracing Taken Extraorally"

"Registration of Centric Relationship"

INSTALLATION OF OFFICERS

The Fortnightly **REVIEW**

of
THE CHICAGO DENTAL SOCIETY

May 15, 1944

Volume 7 • Number 10

Newly Elected Officers to Be Installed at the May Monthly Meeting

The officers and directors who will guide the Chicago Dental Society during 1944-45 will be installed at the regular monthly meeting to be held at the Palmer House on Thursday, May 18. The ceremonies will be conducted by the retiring president, Leo W. Kremer, who will install as president, Harold W. Oppice; vice-president, Robert I. Humphrey; secretary, Harry A. Hartley and treasurer, James H. Keith. The president-elect, who will assume office on June 1, 1945, is Joseph B. Zielinski. As only one slate of candidates was presented for election at the April meeting the Secretary was instructed to cast a unanimous ballot for these officers. While the installation will be held at the May meeting the new officers will not assume their duties until June 1, according to the stipulations of the by-laws. All of the elected officers with the exception of Dr. Keith have held elective office previously in the Society.

HAROLD W. OPPICE

Harold W. Oppice, the new president of the Chicago Dental Society, comes to that office with a vast experience in the affairs of dental organizations. In his local society, the North Side Branch, he held various offices including that of president. In the Chicago Dental Society he has been treasurer, secretary and president-elect. In the Illinois State Dental Society he has been editor and a member of the Executive Council. In the American Dental Association he has been a delegate and alternate to the House of



Dr. Harold W. Oppice, President

Delegates and chairman of the National Health Program Committee.

In addition to elective offices, Dr. Oppice has held many committee positions in dental societies. He has been chairman of the Midwinter Meeting, chairman of the Public Welfare Committee of the Illinois State Dental Society, member of the Economics Committee of the Amer-

ican Dental Association. He has taken an active interest in the development of dental programs and contributed materially to the emergency relief plan.

He is a member of the faculty of the Chicago College of Dental Surgery, Dental School of Loyola University; secretary of the Alumni Association of that institution and national secretary of Xi Psi Phi Fraternity.

Dr. Oppice was graduated from Chicago College of Dental Surgery in 1920 after seeing service overseas during the last war. He is married and has a son, Robert, who is studying dentistry, and one daughter.

Throughout his years of dental society work, Dr. Oppice has displayed an outstanding ability in administrative work. He has combined with this a directness of approach and a competent understanding of dental society ideals and methods. All of these qualifications promise the Chicago Dental Society a successful year under the stimulus of his leadership.

—Harold Hillenbrand.

ROBERT I. HUMPHREY

Robert I. Humphrey, the new vice-president, was born in Missouri. He was graduated in business administration from Gem City Business College and Washington University. Bob obtained his dental degree from the University of Illinois in 1916. His combined experience in business administration and dentistry have made him particularly well qualified to cope with problems of industrial dentistry. He was instrumental in organizing the Industrial Dental Clinic at

the International Harvester Company, and is still on the Medical Advisory Board there. He helped organize the Industrial Dental Surgeons, who are affiliated with the American Dental Association.

He has been an active member of the Illinois State Dental Society for many years; he has been a clinician, an essayist, and chairman of a committee of the Illinois State Dental Society for working out problems for the Department of Public Assistance. He is chairman of the Public Welfare Committee, Illinois State Dental Society, and is on the Public

Policy Committee working for an amendment to the Dental Practice Act.

He was chairman of the Chicago Dental Society's Red Cross Committee, member of the Board of Directors from West Suburban Branch, and chairman of the Finance and Miscellaneous Business Committees. He also is serving his third year as director of the Alumni Association of the Uni-



Dr. Robert I. Humphrey, Vice-President

versity of Illinois.

Bob is a life member of Delta Sigma Delta Fraternity, now serving on the membership committee. He is also a member of the Chicago Athletic Association, and of the Medinah and South Shore Country Clubs.

Bob, born on a farm, now owns two farms in McHenry county. He is a hunting enthusiast, and his skill is vouched for by the many friends who have partaken of his annual wild game dinners.

—Robert V. Riemer.

HARRY A. HARTLEY

A year ago it was my privilege to write



Dr. Harry A. Hartley, Secretary

a short sketch on the life of soft spoken, hard working Harry Hartley. Since that writing he has contributed much to the success of the year's work of the Society, to one of the Society's best Midwinter Meetings and toward keeping the Society functions operating smoothly.

Harry was born in Sigorney, Iowa, where he received his grade and high school training. He continued his studies at the University of Iowa for two years when he entered the Navy in answer to his country's call. On discharge from the Navy, Harry entered Northwestern University Dental School from which he was graduated in 1923. He is a member of Omicron Kappa Upsilon Honorary Fraternity and Delta Sigma Delta Fraternity.

Upon graduation Dr. Hartley opened his office in Hyde Park, where he continues to maintain a successful general practice. Since becoming a member of organized dentistry he has served it well. He has been secretary and president of the Kenwood-Hyde Park Branch, director to the Chicago Dental Society from the branch, vice-president of the Society and its secretary for the past year. He also has served on many committees.

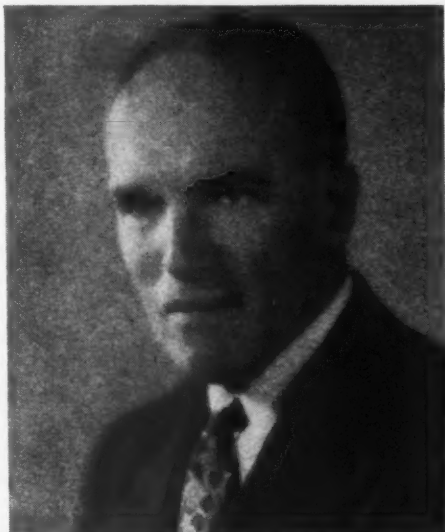
In addition to his broad experience

Harry is endowed with a fine personal character which includes honesty, sincerity and devotion to the highest ideals and principles.—*Elmer Ebert.*

JAMES H. KEITH

"Jimmy"—the new treasurer of the Chicago Dental Society, entered dentistry through Tufts College Dental School "sometime ago" with the degree of D.M.D. He is, however, one of those boys from down east, who left the east behind, except for an occasional lapse of his "r's." Apropos of who's who, we list his accomplishments and services under four headings:

1. Military—Served in the regular army from 1917 to 1923, seeing duty in France with the Fifteenth Field Hospital, 2nd Division. After the Armistice, he was attached to the 8th Infantry Army of Occupation as attending dental surgeon, stationed at Coblenz, Germany. Upon his return to the United States in 1921, he was a member of the U. S. Coast Defense at Boston as dental surgeon under the then Lt. Col. (now Major General) Robert H. Mills, present head of the Army Dental Corps.



Dr. James H. Keith, Treasurer

2. **Organized Dentistry**—Past-president of the North Suburban Branch, and past-director of the Chicago Dental Society. He has served as chairman of the Program Committee of the Illinois State Dental Society, and program chairman of the Midwinter Meeting of the Chicago Dental Society. He is a contributing editor (*Here and There*) for the *Illinois Dental Journal*, and a member of the editorial staff of *THE FORTNIGHTLY REVIEW*; a member of the Odontographic Society and currently president of the Chicago Society of Oral Surgeons. His fraternity is Psi Omega.

3. **Civic**—Past-president of the Evanston Kiwanis Club, served several times as director of the Evanston Chamber of Commerce and at present is a director of the Evanston War Chest.

4. **General**—It will be seen from the foregoing that our new treasurer is no stranger to hard work; neither is he a stranger to any dentist on the North Shore. In fact, he has never been known to say "No" to any request for help, civic or professional. Many of his North Shore colleagues can testify to their increased standing as a family dentist after Jimmy has transformed a recalcitrant impacted third molar to a harmless (?) wisdom tooth. He has done post graduate work at Northwestern University Dental School and also with the late George B. Winter of St. Louis.

His various obligations plus a sizeable garden have reduced his golf to zero but he persists as a 170 bowler. He is married and has one daughter, Sally.

The Chicago Dental Society, in honor-

ing Dr. Keith as treasurer for the coming year, is assured of faithful, efficient, and meticulous supervision of that important trust.—*William E. Mayer.*

JOSEPH B. ZIELINSKI

Joseph B. Zielinski, president-elect of the Chicago Dental Society, has progressed steadily upward on the steps of service to dentistry and the Chicago Dental Society. Born on the Northwest side forty-three years ago, graduating from the Von Humboldt grade school, the Carl Schurz High School and then

practicing in this area since obtaining his license, makes him definitely the neighborhood practitioner's practitioner.

A member of the class of '23, University of Illinois, College of Dentistry, member of Psi Omega as an undergraduate, and then election to Omicron Kappa Upsilon, honorary dental fraternity, gave him a good scholastic and social background during the



Dr. Joseph B. Zielinski, President-Elect

formative years.

Upon graduation, Joe entered his father's office to receive the broadening of vision that comes with actual practice. Having absorbed all that was to be learned at the parental hands, he then started practicing in Logan Square, where he has remained ever since.

Besides conducting a very busy practice, Joe has managed to take an active part in the affairs of the Chicago Dental Society. He has served in all offices of the Northwest Branch, including the presidency in 1937-38. Joe just com-

(Continued on page 24)

Full Denture Symposium Marks Season's Finale

Local Clinicians Will Present Practical Cases

The final meeting of the Society will feature the installation of officers for 1944-45 together with a series of demonstrations on denture construction by Chicago Dental Society members. This meeting is scheduled for 8:00 p.m., Thursday, May 18, in the Grand Ball Room of the Palmer House. The Grand Ball Room is peculiarly fitted for the staging of table clinics and all the clinicians are men of vast experience. It will be possible to garner information about every step in the making of a denture from the taking of the impression to the placing of the finished product. Proud patients will be on hand to offer proof of the practicability of the procedures; procedures that can be carried out in every day practice.

SYMPOSIUM

Eleven clinicians have accepted invitations to appear on this program and many of them are well known to Chicago Dental Society audiences. Heading the list is John M. Besser, who has delved into the intricacies of the closed mouth impression technic long enough to know all the answers. His clinic is entitled, "Demonstrating Closed Mouth Modeling Compound Impression Technic: Establishing the Vertical Dimension, the Occlusal Plane, Medium and Cuspid Markings." Lester W. Boyd, one of Fred Meyer's "boys," will demonstrate the "Fred S. Meyer Technic." This technic, originated by Dr. Meyer, registers the occlusion in the mouth of the patient in such a way that when the dentures are placed, no grinding of the cusps is necessary.

Jesse R. Carlton and Ralph E. Liberton have sufficient faith in the "McGrane Procedures for Full Denture Construction" to: 1. Give a demonstration on the patient of gothic arch tracing and 2. Show the patient wearing the dentures. They won't go so far as to defy anyone to pull them out, however.

Henry Glupker, Michael Gaudio and Victor Seitz will be present to show some of the later technics in denture construction as developed by them at the Chicago College of Dental Surgery. Dr. Glupker's clinic will show the "End Results in Complete Denture Prosthesis." Dr. Gaudio will devote his time to a demonstration of a "Technic for Mandibular Impressions," using paraffin correction, and Dr. Seitz has something new in the "Registration of Centric Relationship."

IMMEDIATE DENTURES

M. B. Hattenhauer of the faculty of the University of Illinois, College of Dentistry, will give a clinic on the ever popular subject of "Immediate Dentures." A lot of experimentation has been done at the University of Illinois, in this field, and the results are a joy to behold. John C. Heisler, without whom no denture program would be complete, will present a new denture technic. This will cover three items. 1. Mounting casts on occluding planes without the use of a face bow. 2. Orientation of denture relationships to the cranial base. 3. Discussion of overbite, end-to-end bite and compensating curve. E. Byron Kelly, pioneer in plastics, will give some pointers in "Processing Technic and its Relation to Physical Changes in Acrylic Dentures." Dr. Kelly has given a lot of time and effort to the development of acrylics and is an authority on the subject. Finally, E. A. Rubin, well known in the clinic field, will demonstrate "A Method of Obtaining Vertical Dimension, Occlusal Planes and Gothic Arch Tracing Taken Extraorally." Many of these subjects seem, at first hand, to overlap but inasmuch as no two denture men ever agree, there will be plenty of material for a full evening's study.—*James H. Keith.*

QUESTIONS AND ANSWERS

VINCENT'S STOMATITIS

MAJOR JOSEPH L. BERNIER,* D.D.S., M.S.**

The following answers are condensed from the original ones on the question and answer program at the Midwinter Meeting of the Chicago Dental Society.

Question: How does the incidence of Vincent's stomatitis in the present mobilization compare with that of World War I?

Answer: Most of us are familiar with the fact that Vincent's stomatitis has been no great problem in this present mobilization. Even though no attempt is made in most army camps to catalogue infections of the oral cavity, the incidence of this disease has been surprisingly low. Undoubtedly many nonspecific mouth infections have been recorded as chronic Vincent's stomatitis, resulting in none too accurate statistical information. From a practical standpoint, however, this is not necessarily an undesirable practice. On the basis of response to treatment many of these affections are either primarily or secondarily similar. This is important, therapeutically, when one considers the time factor in treatment and its value in the training program of the soldier.

Question: What clinical or laboratory methods can be safely used to establish a diagnosis of Vincent's stomatitis?

Answer: In the acute cases the usual symptoms of pain, toxicity, the presence of subgingival ulcers and inflammation of the interdental tissue are important. In the subacute and chronic forms pain and discomfort are less severe and, of course, the symptoms of acute toxicity are sub-

dued. Usually oral hygiene is being poorly practiced resulting in the accumulation of much calculus which acts as a chronic irritation to the oral mucosa. Generally speaking, then, the clinical determination of the disease, while the most dependable means of diagnosis, requires careful thought and understanding by the clinician. The use of smears is important and most useful if their limitations are understood and the results properly evaluated. Several cases of squamous cell carcinoma have been seen by me under treatment as Vincent's stomatitis merely because a smear, which showed numerous Vincent's organisms, was misinterpreted. A close correlation between the laboratory reports and the clinical manifestations is essential if the disease is to be properly diagnosed and treated.

Question: What can be said as to the etiology of Vincent's stomatitis?

Answer: The lack of a clear understanding to this question is apparent upon examination of the work of past and present day investigators. It would appear that the consensus is that the *Borrelia vincentii* and the bacillus fusiformis, acting in symbiosis, and under conditions which render them pathogenic for man, are the exciting causes of the disease. Tunicliff and associates¹ have shown that such pathogenicity may be demonstrated by lowering the vitality of the oral mucous membrane. In view of the variability of the symptoms noted, it is questionable whether we are completely justified in establishing clinical findings as truly representative of the disease. It is important to note that the exciting organisms flourish, as secondary invaders, in many oral infections, some of which include the

*Major D. C. (Regular Army)

**Presented at the Midwinter Meeting, Chicago Dental Society, February, 21-23, 1944.

squamous cell carcinoma and primary ulcers of syphilis. How then are we to exclude the possibility of some underlying factor, as yet unexplained, providing the background necessary to prevent dissociation of the organisms and to establish their pathogenicity? The assumption might be that one is seldom justified to enter a diagnosis of Vincent's stomatitis without diligent examination and a true knowledge of the process. Indeed it might appear, as has been stated by certain investigators, that the occurrence of such a true clinical entity as Vincent's stomatitis is questionable. Undoubtedly such a belief is based on the careless diagnosis of other oral affections by many clinicians who find it more expedient to consider most oral affections as Vincent's stomatitis. Inasmuch as the *Borrelia vincentii* and the fusiform bacillus are demonstrable in the mouth when pathologic changes are not clinically or microscopically apparent, it would appear that certain predisposing factors are essential in establishing their pathogenicity. Dietary deficiencies resulting in pellagra and scurvy, certain of the blood dyscrasias, debility and fatigue all have been mentioned as contributing factors. Vincent's stomatitis has been noted in association with agranulocytosis, a blood dyscrasia characterized by almost total absence of granular leukocytes in the peripheral blood. Kitchen² has stressed the importance of leukocytes in combating Vincent's stomatitis.

Histologically Vincent's stomatitis is characterized by rather nonspecific findings. There is much necrosis, with loss of cellular detail and interstitial connective tissue, together with the presence of numerous granulocytic elements. Such a picture is characteristic of any acute or subacute infectious process.

Question: Explain the part played by the oral flora in influencing the clinical picture of Vincent's stomatitis.

Answer: That the growth and morphological characteristics of micro-organisms are influenced by the presence or absence of other bacteria often has been

demonstrated. Their tendency to dissociate under such conditions has been noted and referred to as important in determining their pathogenicity. The streptococci and diplococci, normal inhabitants of the mouth, seem to favor the growth of the Vincent's organisms. This is most likely explained by the utilization of available oxygen by the former group. The presence of nonspecific ulcers, chronic gingivitis, inflamed erupting third molars, complicated by the presence of Vincent's organisms may present that picture described as Vincent's stomatitis by many authors. This supports the statement that the clinical manifestations are not consistent and that the diagnosis must be made only after careful analysis of the individual case. Much stress has been placed on the importance of a fetid odor as important in the diagnosis of this disease. Inasmuch as such an odor may emanate from necrotic tissue, supporting actively growing organisms as seen in many oral affections, it is quite possible that this symptom is not as specific as often thought. The frankly acute cases of Vincent's stomatitis often present a more clearly defined clinical picture. The patient is usually acutely ill, with a generalized involvement of the oral mucosa. Even in such cases, however, one must consider the importance of secondary or for that matter primary organisms such as the streptococcus in producing this picture.

Question: Should one consider Vincent's stomatitis contagious?

Answer: Because of its potentiality as a public health problem and because the disease has been known to appear in groups living in close association it is well to place proper emphasis on its transmissibility. The actual transmission of the organism from one person to another is no difficult problem and occurs quite often. However, in such instances the disease does not always develop. This is understandable in those cases where the pathogenicity of the organisms may not have been affected and the mouth of the recipient host is devoid of any

marked pathology. However, the presence of unclean mouths, both in civilian as well as military groups, is constantly noted and as a result one must be on the alert for the disease in epidemic proportions. That this does not occur more often is a tribute to the care and isolation of individual cases. It is clear that even though we find it difficult to demonstrate a definite pathogenesis and clinical course for the disease, it is well to consider it as a potentially contagious affection.

Question: In view of the many accepted methods of treatment, how can one explain those extremely persistent and recurring cases of Vincent's stomatitis?

Answer: In this connection two factors seem to be important. First, the proper and accurate diagnosis of the case and second the proper application of the selected method of treatment. As we have seen, the clinical manifestations of the disease may be quite variable. These may persist in the face of proper therapy particularly when the underlying causes are overlooked or left untreated. Treatment of Vincent's stomatitis is in no sense specific, owing chiefly to our lack of understanding as to its true nature. It is obvious, therefore, that only diligent effort on the part of the clinician will eliminate the extraneous factors so often encountered. In those instances where clear cut oral infections are noted the utilization of all available laboratory aids is indicated. These include the biopsy, blood analysis and other specific tests. When a particular form of therapy is selected its proper application is imperative. It seems unnecessary to state that thorough mechanical cleansing of the teeth and their supporting structures is always a basic requirement. The application of drugs, which seem to constitute the basis for most of the popular forms of treatment is secondary to proper scaling and should be performed so as to place the antiseptic in the deeper pockets and crevices where it will come in actual contact with the organisms.

Large quantities of any antiseptic sprayed into the oral cavity is of little value in most instances. Consideration of the patient as a sick individual, and a firm conviction that all cases will not respond with equal rapidity regardless of the therapy employed is essential. The judicious use of whatever medication brings the desired result, rather than attempting to treat all cases with a favorite method, will result in a much higher percentage of success.

Question: Are sufficient data available to assume that Vincent's stomatitis is an infection?

Answer: Inasmuch as Koch's postulates are not satisfied one may answer this question in the negative. However, it is certain that an infectious process does attend the affection which is recognized and diagnosed as Vincent's stomatitis. Again we are confronted with the problem of attempting rationalization and treatment of a disease about which we are not thoroughly informed. Whether the inflammatory process which attends the disease is indicative of the action of the organisms involved or whether such a process is necessary for the organisms to flourish is not entirely clear. We are justified, nevertheless, in classifying this process as an infection even though its specificity might be questioned.

Question: In what respects are Vincent's stomatitis and herpetic stomatitis similar?

Answer: Etiologically the two diseases are quite different. It has been clearly shown³ that herpetic stomatitis is essentially a virus disease similar in many respects to herpes simplex. The predisposing factors mentioned as important in Vincent's stomatitis do not seem to be as important in herpetic stomatitis. Clinically this disease differs from Vincent's stomatitis in that a pseudo-membrane is not formed, pain is not as intense, the lips, cheeks and buccal mucosa are often affected, the interdental papillae seldom show necrosis, and it is com-

monly noted in children. In addition to this the disease does not respond to the usual methods employed in the treatment of Vincent's stomatitis. Smears from the herpiform lesions are usually negative for Vincent's organisms although in a few cases isolated organisms have been found. Often the first sign of herpetic stomatitis is on the lips, vesicles appearing which show a marked tendency to coalesce. The vesicles are entirely intra-epithelial; the virus being contained in the vesicular fluid. As these erupt the fluid spreads carrying the virus to other areas. Regional adenopathy is often marked and persistent. This latter finding, however, may be noted in acute cases of Vincent's stomatitis although the tendency to persist is not as marked. The course of this disease is more constant being from two to four weeks—this being altered little by therapy. The injudicious application of drugs, particularly ointments, seems to prolong the disease. Recurrence is not a common finding and when it does occur the course of the disease is not as long or as severe. Upper respiratory infections are commonly associated with herpetic stomatitis, these symptoms appearing before the vesicles. Initially the course of the disease may be quite severe, the patient exhibiting malaise and other toxic symptoms.

Question: How can one explain the relative absence of Vincent's stomatitis in edentulous mouths?

Answer: While nonspecific mouth infections may occur in edentulous mouths the usual reaction recognized as Vincent's stomatitis is not often encountered. This would tend to lend credence to the belief that it is essentially a filth disease. Since the organisms flourish in pockets, under flaps, and in other unclean crevices it is not difficult to understand their relative absence in edentulous mouths. When the mucosa is intact and oxygen is plentiful it is difficult for the Vincent's organisms to flourish. This is particularly so when superficial inflammation is absent. Cahn⁴ has demonstrated the presence of fusiform bacilli in the reticular layer of

the corium indicating deep penetration. However, the symbolic association with the *Borrelia vincentii* is not as easily demonstrated in such areas. Generally speaking, then, the pockets, crevices, and other irregularities in the mucosal surface, which provide an ideal environmental habitat for the Vincent's organisms are absent in edentulous mouths, thus precluding the growth and maintenance of the Vincent's organisms.

Question: Does vitamin deficiency influence the course of Vincent's stomatitis? Should this be considered a possible etiologic factor?

Answer: It has been quite clearly shown that the vitamin deficiency can and does influence the course of Vincent's stomatitis. The association of this disease with pellagra and scurvy has already been mentioned indicating that such a background is definitely beneficial to the continuation and prolongation of the disease. It has been shown that the administration of vitamin C often results in marked improvement in the patients who otherwise appear to be on a balanced diet. The addition of yeast extract to vitamin C has been shown to further increase its efficacy. Except as a predisposing factor it is questionable if vitamin deficiency is an outright etiologic factor. Coupled with the other changes essential to the production of the disease, however, its importance cannot be questioned. From a therapeutic standpoint dietary deficiencies of any type must be considered and if found must be eradicated if any degree of success in treatment is to be attained.

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ACRYLICS IN PARTIAL DENTURES AND BRIDGEWORK

CHARLES S. CUDEN, D.D.S., Pittsburgh, Pennsylvania*

Question: What cement is used for acrylic inlays, jacket crowns and bridge-work?

Answer: Any good crown bridge cement is satisfactory providing the acrylic is quite thick, where visible to the eye. If the acrylic is thin, crown and bridge cement throws a shadow changing it considerably. This can be overcome with opaque acrylic on the anterior of the operative restoration. If the acrylic is thin anteriorly a good deal of success can be had by silicate cementation. Care must be exercised always because acrylic is highly translucent—more so than porcelain.

Question: Why do acrylic inlays and jacket crowns pop out?

Answer: We will consider the acrylic jacket crown first. The mesial distal walls are not parallel. The shoulder may not be square and uniform and no allowance made for shrinkage of the acrylic. The shrinkage can be overcome by a metal coping that fits the lingual of the tooth or by a platinum matrix over the amalgam or copper plated die. Bear in mind that the principles of mechanical retention are as necessary for an acrylic jacket as they are for any other restoration.

The preparation of a tooth for acrylic inlays requires grooves that are long and parallel so as the inlay can be locked in. The finishing line must be square. (No cavo-surface angle.) The occlusal of the preparation must be broad, square and as thick as possible. Bear in mind that nowhere can you make a fine feathery edge in acrylic of any kind.

Question: Why are acrylic restorations frequently lighter after processing than the shade selected?

Answer: Because when the shade is taken the shade guide material is usually

the full size of a tooth. Therefore, the color is accentuated. An inlay or jacket is considerably thinner, and requires deeper shading. The other reason is that when the polymer was saturated by the monomer an over saturation of the monomer took place. As the monomer is nothing but liquid acrylic in clear color, lightening the piece resulted.

Question: What is the best method of selecting the shade?

Answer: After the tooth has been ground down, either for an inlay or jacket, determine with a suitable acrylic shade guide the yellow that is best suited to the gingival area and in the same manner the color of the incisal. The above can be best recorded by drawing a tooth on a suitable piece of paper. It is best to make your own shade guide by processing a piece of acrylic of each color with which you work.

Question: Can you make an acrylic, shoulderless, jacket crown?

Answer: No, if it is made out of pure acrylic. However, it can be accomplished by casting a gold ring that fits at the gingival over a tooth that has been prepared without a shoulder. Then the acrylic is tied in with the gold to complete the restoration.

Question: Should you make a feather edge for either inlays or jacket crown using acrylic?

Answer: No, never. The edges of acrylic must be tucked into either gold, where it is protected, or a locking device in the tooth and that to a butt edge.

Question: Can you make an acrylic bridge without metal reinforcement?

Answer: There are some who believe that an acrylic bridge can be made with-

(Continued on page 16)

*Presented at Midwinter Meeting, Chicago Dental Society, February 21-23, 1944.

NEWS AND ANNOUNCEMENTS

DEPARTMENT OF REGISTRATION REVOKES FOUR LICENSES

On May 5, Frank G. Thompson, Director of the Department of Registration and Education for the State of Illinois, announced the revocation of the license to practice dentistry of four dentists. All of these dentists had maintained dental offices on the same premises where a branch office of the A A A Dental Laboratories, Inc., was located. The complaints for violation of the Dental Practice Act filed by investigators from the Department charged these dentists with improper, unprofessional and dishonorable conduct and with lending their names to and being professionally associated and connected with the A A A Dental Laboratories, Inc. Such practice is considered illegal under the present law. It was established at the hearing on these charges that these men were making impressions for dentures to be constructed by the A A A Laboratories. Those whose licenses were revoked are: Drs. Harry L. Basford, Harold F. Walker, Harry J. Horwitz and Frank A. Buerstetta.

The Examining Committee also recommended the revocation of the licenses of the following three dentists, who are charged with being associated with the laboratories indicated: Dr. Howard G. W. Ball, Bell Dental Plate Company, 9139 South Commercial Avenue; Dr. Morris Feuer, Capital Dental Laboratory, 3241½ North Ashland Avenue; Dr. Ewald H. Westedt, Capital Dental Laboratories, 120 North Cicero Avenue. No opinion has been rendered by the Director as yet in regard to the latter three.

Luther W. Hughes, chairman of the Legislation and Law Enforcement Committee of the Chicago Dental Society, states that the public in general, as well as the dental profession, owe a vote of

thanks to Director Thompson and his department for their action.

ROBERT W. McNULTY APPOINTED DEAN OF C.C.D.S.

The appointment of Dr. Robert W. McNulty as dean of Chicago College of Dental Surgery, dental division of Loyola University, was announced on May 1 by the Very Reverend Joseph M. Egan, S.J., president.

Dr. McNulty has been a member of the Loyola faculty since 1926 when he received his degree of doctor of dental surgery from that institution. He received his bachelor degree from Hanover College in 1918 and his master of arts degree from Loyola University in 1932.

He has been a prominent member of the Chicago Dental Society and is at present treasurer of the Illinois State Dental Society. He is a fellow in the American College of Dentists, a member of the Odontographic Society of Chicago, of Omicron Kappa Upsilon and Blue Key national honor society.

Dr. McNulty is only the third dean in the sixty-two years since the dental school was founded. He succeeded the late Dr. William H. G. Logan who died a year ago. Truman W. Brophy, the first dean, held the position from 1883 until 1920.

DENTISTS MAY PAY SALES TAX UNDER PROTEST

No decision has been made as yet in regard to the petition for rehearing on the decision of the Illinois Supreme Court rendered March 21, 1944, which declared the Retailers' Occupational Tax Act (Sales Tax) invalid.

A decision is expected soon, and if the petition for rehearing is denied the tax will no longer need to be paid on dental supplies and materials. Dentists, who wish to do so, may pay the tax under protest until the decision has been made.

NAVY TO COMMISSION WOMEN DENTISTS

The Navy is announcing the commissioning of women dentists, according to information received from the Liaison office of the American Dental Association. They will be commissioned directly into the WAVES as dentists, and may make contact through Lt. Sullivan, WAVE Recruiting Office, Board of Trade Building, Chicago.

FUNDS PROVIDED FOR CARIES RESEARCH

The Nutrition Foundation, Inc., has awarded grants amounting to \$131,000 for research in nutrition. The grants are distributed among twenty-three colleges and universities in the United States and Canada.

Dr. C. G. King, scientific director, made the following statement: "Research projects having the greatest value thus far were those dealing with army rations, human protein requirements, maternal

and infant nutrition, dental caries and human vitamin requirements."

DR. OWEN E. CASSILL 1879-1944

Dr. Owen E. Cassill died at St. Luke's Hospital in Chicago on April 4, 1944, of a heart attack. Dr. Cassill was a graduate of Northwestern University Dental School, class of 1905, and practiced dentistry for about twenty-five years. In 1925 he founded the Cassill Porcelain Laboratory of which he was manager until his death.

Dr. Cassill, who served with the Red Cross in the first World War, was a life member of the Illinois State Dental Society and a member of the Chicago Dental Society and the American Dental Association. He also was a life member of the Art Institute of Chicago and a member of the McGuffey's Reader Society.

Funeral services were held in his hometown, McArthur, Ohio. Dr. Cassill is survived by his mother, two sisters and two brothers.

QUESTIONS AND ANSWERS

(Continued from page 14)

out metal reinforcement but it has not been successful in the writer's hands. Metal appears to have an influence on acrylic both as to shrinkage and fine texture. Yet the metal used does not have to lie heavy because the heavier the metal within the bridge the greater will be displacement of the acrylic. Thus cleavage is made easier.

Question: What are the wearing qualities of acrylic jacket crowns, inlays and bridgework?

Answer: Very few failures have been noted in the last four years of its use when the proper technique has been employed.

Question: Does acrylic disintegrate in the fluids of the mouth?

Answer: The following experiment has been conducted: Processed acrylic has been immersed in hydrochloric acid and held there for a year without any effects whatsoever. The same has been done with sulphuric acid. Therefore, it is presumed that the fluids of the mouth have no disintegrating effect upon the acrylic.

Question: What is the best method of curing acrylic?

Answer: Immerse in water at 168° for an hour and boil for another hour.

Question: Is it necessary to use tinfoil?

Answer: No, providing a good separating medium is used.

Regular Meeting of Chicago Dental Society

April 18, 1944

Red Lacquer Room—Palmer House

BUSINESS MEETING

The regular business meeting of the Society was called to order at 8:00 p.m. by President Leo W. Kremer. A motion was regularly made and severally seconded that the reading of the minutes of the meeting of January 25 be dispensed with inasmuch as they had already been published in *THE FORTNIGHTLY REVIEW*. Motion carried.

Motion was then regularly made and severally seconded that the minutes of the meeting of January 25 be approved as published in the March 1 issue of *THE FORTNIGHTLY REVIEW*.

Reports of Boards and Standing Committees—none.

Reports of Special Committees—

President Kremer on behalf of the chairman of the Salvage Committee, urged all members of the Society to cooperate with this Committee by saving all of the scrap metal and rubber possible.

Unfinished Business—none.

New Business—

Election of Officers: The Chairman announced that the following candidates had been nominated for the elective offices of the Society: Joseph B. Zielinski, president-elect; Robert I. Humphrey, vice-president; Harry A. Hartley, secretary; and James H. Keith, treasurer. Inasmuch as only one candidate was nominated for each of the offices the Presi-

dent directed the Secretary to cast a unanimous ballot for their election as provided in Article IX, Section 3, of the Constitution and By-Laws of the Society. This ballot was cast by the Secretary and the candidates declared elected by the Chairman. President Kremer extended his hearty congratulations to each of the new officers.

SCIENTIFIC MEETING

The Chairman then introduced Dr. B. D. Friedman, chairman of the Monthly Program Committee. Dr. Friedman introduced Captain J. A. Tartre, Chief Dental Officer at the Great Lakes Naval Training Station, who was responsible for presenting the four motion picture films shown on the scientific program. After a few introductory remarks concerning the motion pictures Captain Tartre exhibited the following films: "Procedures in Oral Surgery," "Prosthetic Department at Great Lakes Naval Training Station," "Extraoral Fixation of the Mandible," and "The Enemy Japan."

After the showing of the last film Dr. Friedman expressed his deep appreciation to Captain Tartre for his kindness in making these films available and asked the audience to give him a rising vote of thanks.

Dr. Friedman then announced that the next regular meeting of the Society would be held Thursday, May 18.

Meeting adjourned at 10:30 p.m.

Respectfully submitted,

H. A. HARTLEY, *Secretary*.

QUOTATIONS AND ABSTRACTS

Nutritional Deficiencies and Dental Caries:

—A great controversy in dental research has centered upon the question of mineral and vitamin deficiencies in relation to the etiology of dental caries. Animal experimentation has proved that vitamin D, for example, will alter the structure of the dental tissues, but the relationship between the altered structure and caries has not been proved.

One method of studying this relationship is to observe the oral conditions in patients with severe Vitamin D and calcium deficiencies. A group of 22 such patients were found in Northern India. These 22 women had severe osteomalacia, yet 36 per cent of them (8 cases) were caries free, and the average was 1.5 cavities per mouth for the entire group. The author concludes that almost perfect teeth with a very low incidence of dental caries are compatible with severe clinical rickets.

Seven children with severe rickets, whose mothers had severe osteomalacia, were found to have only 2 cavities in the entire group. The author concludes that the calcification and decalcification of the bones of the body are not necessarily directly connected with the same processes of the teeth.

C. D. M. Day, *British Dental Jnl.*, 76:9, (1944).

Acrylic and Elastic Resin Prosthesis for Facial Deformities:

—Sweezy and her collaborators call attention to a new synthetic resin for surgical prostheses. The resin is an acrylic substance. It comes in the form of two powders (pink and colorless) and a liquid which binds them. Small quantities of other colors also are supplied. These powders can be mixed in varying amounts until the required shade and translucency is obtained. An elastic resin has been developed recently which, after processing, is rubber-like in many of its characteristics and is processed, like acrylic resin, with heat and pressure. The authors have made an ear, part of a nose and a whole nose of both elastic and the acrylic resin and have found the former to be a more suitable medium, although the latter has many more desirable qualities. All three of the patients for whom the authors made prostheses had carcinoma. The partial nose is a temporary restoration until a surgical operation can be performed, but the other two are permanent prostheses. The resin is light, translucent and easily manipulated and is unaffected by ordinary heat, cold, moisture and light. It is tolerated by tissues, easily duplicated from the original mold and inexpensive. It can be trimmed and repaired with a hot spatula. It

can be stained in a graduation of shades.

Canadian Medical Association Journal, 50: 16 (Jan.) 1944 via *J.A.M.A.*, 124:1016 (1944).

A Relationship Between Dental Caries and Saliva:

—A clear relationship between the incidence of dental caries in the individual and the rate of starch hydrolysis has been reported by N. C. Turner and E. M. Crane. They state that "without exception among those studied, individuals with extensive caries (20 or more cavities) produce saliva which hydrolyzes starch under standard test conditions with extreme rapidity. Individuals without caries produce saliva which hydrolyzes starch very slowly." Their preliminary report is based on careful studies of 51 cases.

Turner, N. C. and Crane, E. M., *Science*, 99 (No. 2570) 262, March 31, 1944.

Is Aspirin a Dangerous Drug?—Aspirin, or acetylsalicylic acid, has been used in enormous quantities throughout most of the world for some 45 years. Many persons seem to have a mild idiosyncrasy to this drug or to the other salicylates and consequently avoid its use; the vast majority take it with apparent impunity. Although toxic effects have been reported, severe reactions are certainly rare in relation to the enormous quantities consumed. Deaths from aspirin have been reported; these appear to have been more frequent in England than in this country.

New evidence indicates that aspirin and the other salicylates produce a physiologic effect which cannot be ignored. About 1941, Huebner and Link of the Wisconsin Agricultural Experimental Station discovered that dicumarol when given by mouth induces a shortage of prothrombin in the blood. They found also that dicumarol could be qualitatively degraded to salicylic acid. Later, Link and his co-workers tested the action of salicylic acid itself. When single doses of salicylic acid were given to rats kept on an artificial diet which was low in vitamin K, a decrease of the prothrombin in the blood occurred. Also if the salicylic acid was given over a long period, hemorrhages resulted; if vitamin K was administered the hypoprothrombinemia did not develop. More recently other investigators found that salicylic acid would act in the same way on human beings and that when vitamin K was administered simultaneously with the salicylic acid the fall in prothrombin levels was prevented. The administration of vitamin K after the production of hemorrhage by dicumarol or salicylic acid, however, is of little use.

QUOTATIONS AND ABSTRACTS

These observations offer a plausible explanation of such events as the report of a British physician in 1943 concerning the development of nosebleed in 3 cases after taking large doses of aspirin or the frequent occurrence of bleeding in patients with rheumatic fever who are receiving large doses of salicylates. Such observations suggest that patients who are required to take salicylates in large quantities for a long time should also receive prophylactic doses of vitamin K. When, however, hemorrhages occur after the taking of dicumarol or the salicylates, vitamin K is not likely to be effective; then proper treatment may include the giving of a blood transfusion.

The mass of evidence so far available indicates that aspirin and the salicylates are among the least toxic of active pharmacopeial preparations. This status, however, should not be interpreted as an excuse for failure to recognize hazards connected with their abuse or even under certain circumstances of established usage. Their ability to produce hemorrhage in some cases appears to be counteracted by early administration of vitamin K. It does not now seem necessary to administer vitamin K to all patients receiving salicylates; those who are to receive large doses for a long time may appropriately be given vitamin K.

Editorial in *J.A.M.A.*, 124:777 (March 18) 1944.

Röntgenographic Study of the Teeth of a Group of Dentists:—The authors made a study of the x-rays taken during the course of the second annual postgraduate seminar given by the Tennessee State Dental Association in November 1940. The 350 dentists were from all parts of the state and their ages ranged from 21 to 65. From the entire group of 350 full-mouth x-rays, 102 were selected as being satisfactory for this study.

According to the data derived from this x-ray study of the teeth of 102 dentists, the number of missing teeth per mouth was 5.3. Metallic restorations per mouth were 10.9 and metallic restorations with defective margins were 1.4 per mouth. Primary caries averaged 1.8 per mouth, and secondary caries were 0.39 per mouth.

In addition to the conclusion drawn from the study that there was a definite need for restorative work in the mouths of the dentists, the article stated that "prevention of pathologic conditions such as alveolar atrophy is needed." Diefenbach, G. B. and Eskew, H. A., *J.A.D.A.*, 31:489, April 1, 1944.

Leukemia in Physicians:—"Leukemia may occur in workers with radiation under conditions like those in which carcinoma of the skin

due to radiation can arise. Exposure to x-rays under experimental conditions favors the development of leukemia in animals. Since high energy radiations may play a part in human leukemia, workers in the National Cancer Institute have compared the incidence of leukemia in physicians and in the general population on the basis of the death lists of physicians in *The Journal*, the mortality reports of the United States Bureau of the Census and an unpublished compilation of the United States Public Health Service. The ratio of deaths from leukemia to deaths from cancer, the ratio of deaths from leukemia to total death rates, and death rates from leukemia were studied with the result that leukemia 'was recognized approximately 1.7 times more frequently among physicians than among white males in the general population.' The result is in accord with the increase in the incidence of leukemia in animals exposed to x-rays. Whatever the full meaning of the data at hand may be, the hazards of radiation require the strict maintenance of complete protection at all times."

Current Comment, *J.A.M.A.*, 124:1136, (April 15) 1944.

Time Lost Because of Illness:—"The time lost because of illness averages between seven and nine days per employed person and represents about 3 per cent of the usual working year. It is estimated that the 36 million wage earners in the country lose about 250 million work days and the 24 million school children lose about 175 million days in school each year from illness. The financial loss of the country as a whole represented by the lost earning power and reduced production totals well over 2 billion dollars a year, equivalent to one-half the cost of maintaining the national government."—*J.A.M.A.*, 124:978, 1944 (Apr. 1).

Expectation of Life:—The League of Nations Monthly Bulletin for December presents tabular data on the expectation of life at birth and at 1 year of age in over 30 countries. For all countries covered the expectation of life at birth and in the earlier years of life is greater than in previous periods; the improvement is less striking or absent in later stages of life. The United States ranks high in the list and is exceeded only slightly by the Netherlands, New Zealand, Australia and Sweden. Japan, Russia and India have the lowest expectation of life, according to the latest information available. In all countries females show a greater expectation of life than males."

Current Comment, *J.A.M.A.*, 124:779 (March 18) 1944.—M. K. Hine.

NEWS OF THE BRANCHES

NORTH SIDE

With the lawns and grassy parkways already beautiful and the shrubs and trees greening up, one feels that spring is at hand and the good old summertime not far away. Victory gardeners will be watching the seeds send up their shoots and on every hand we may see the miracle of renewed life. A day in the open air away from office cares is now worthwhile . . . Some Northwestern senior dental students, among them Clarence Peterson's son, Robert, gave clinics at the Springfield meeting of the Illinois State Society. Ernest Kuhlmann and Fred Dattelzweig were among those seen at Springfield. It is said that Dr. Kuhlmann, having just moved into a new apartment, slipped away to avoid the straightening up process . . . Bob Hasterlik, our new president, is formulating plans for next session. He will name the Sports Committee chairman very soon and the time and place of our annual golf tournament will then be announced . . . Bernie Blomgren's friends threw a farewell party for him on May 2 before his departure for service in the Navy. At the Idrott Club more than one hundred and twenty guests honored him with their presence and Bernie confesses he was somewhat overwhelmed . . . John Nelson spent a week at Excelsior Springs taking the "baths" and getting in some needed rest . . . Emory Greer is making his yearly trek to the Ozarks and he says that instead of tramping around shooting squirrels he is going to "just sit" . . . Lt. (S.G.) Milburn H. Johnson is stationed at Great Lakes . . . Henry B. Baum now is assigned to the 5th Marine Division in training at Camp Pendleton, Oceanside, California . . . John M. Bessers' son, John, Jr., is being married this month to Miss Patricia Brennan, a Rogers Park girl. Lt. Besser is in the Armed Forces, stationed at Camp Barkeley, Texas, and will return there with his bride follow-

ing a ten day leave.—*Z. D. Ford, Branch Correspondent.*

NORTH SUBURBAN

The prospective dentist while still in high school should receive a talk at least once a year on vocational guidance by some local dentist who is chosen for the purpose because of his loquacity. If the prospective dentist misses out on the above for any logical reason¹ he might become the local bank clerk. This would be good because some day he would marry the bank president's daughter and after raising a large family could retire on his father-in-law's fortune.² Or he might take a job in Pop Jones' grocery store. This might prove to be a break too, because he would only have to put in sixteen hours³ a day for twenty-five years before Pop would offer him a junior partnership. In another ten years Pop would retire and leave the business to him. At that time he could hire another prospective dentist, who had fallen asleep while old Dr. Bicuspid was delivering his address to the high school students. Or he might go away to college and study journalism. This might not be too good because journalists lead a dog's life.⁴ They start out as cub reporters and when they have finished this apprenticeship the specialized assignments beckon to them. After covering the water-front, home-front, society-front and labor-front, there will be another war⁵ to attract them. While covering the far eastern front he might meet the Dragon Lady⁶ and become another victim of human bondage. Or worse still, he might even become a columnist⁷ if he gets enough bad breaks.

¹ Any reason would be logical.

² Something of great value which someone takes away from someone else by fair means or foul.

³ Prospective dentist puts in eighteen hours daily.

⁴ They thrive on the calamities of others.

⁵ All journalists have experienced one war; some two or more.

⁶ See Terry.

⁷ See Joe Bicuspid.

Or he might go to flying school and become the first pilot to circumnavigate the universe.⁸ By so doing he would receive the acclamation of all peoples including the Martians.⁹ His name would appear in all history books after his plane had flown too close to the sun and had its tail feathers singed.¹⁰ This, of course, could go on and on, but I am sure that you would like to know what happened to our hero if and when he had paid close attention to the remarks of Dr. Bicuspid, the garrulous speaker at the student assembly. All you have to do to find out, my friends, is to take a good look at yourself in the closest mirror—and that, I know, will be bad . . . The biggest and best convention in the annals of the American Association of Orthodontists was concluded recently in Chicago. It might be of interest to all of you to know that many of our own members were responsible for the success of this meeting. The president is none other than Jim Burrill. His was the primary guiding hand and his choice for committee director could not have been excelled. Some of the men who took the helm and did excellent jobs are: Jim Ford, Al Brodie, Bill Murray, Leland Johnson, Dick Smith, John McGuire, Charley Baker, and Fred Noyes. In the research section Earl Christie and Harland New participated. Among the essayists was Al Brodie, who presented a masterful paper as his contribution to the climax program—"A Symposium on Extraction in Orthodontic Procedure." From this meeting we carried away many valuable pointers on the overall panorama of orthodontics . . . Eddie Baumann and John Heller, the pinochle twins from A. H., attended the Illinois State Dental Meeting. En route they played a game called pinochle; en arrival they played a few hands of pinochle; en stead of attending the educational sessions they played pinochle; all the time and from all reports pinochle was en joyed as pinochle sometimes is, if it is; or isn't it? Who in hell cares? . . . Alabama was

graced by the presence of her native son, Hal Chason, who spent a spring vacation at Montgomery . . . Charles Baker's son, 1st Lt. Frank of the Medical Corps, is now serving on a hospital ship . . . Ed Robbins had a nice rest in the hospital while the staff members explored some anatomical parts which were out of gear. . . . Wickie Speaks was finally and officially transferred from Great Lakes. It looks like a steady diet of coconuts, pineapples and hulas is in store for him . . . A native feast termed Luau with all embellishments including poi (Irish for pie) was enjoyed immensely by George Schnath in the H.I. group somewhere. Chairs with bottoms were used instead of bottoms without chairs—the sole digression from the ancient ritual of this festival . . . Doug Meinig told us about military dentistry as practiced at Camp Crowder, Missouri. He also informed us that brother George was stationed at El Paso, Texas, attached to the Air Corps . . . Bob Whitfield spent his vacation at Bed Springs instead of Indian Spring, Canada, as anticipated . . . We bid welcome to Henry Conley and O. B. Kibler who have come to us from the North Side . . . To North Side's Z. D. Ford: Do you really think that I would resort to such subterfuge? . . . To Kenwood's Howard Strange: Our job is to do—not outdo; and I am quite sure that this philosophy is being ignored too frequently in certain instances . . . Joe Bicuspid says: "The guy who does all the talking usually says nothing."—*F. T. Barich, Branch Correspondent.*

NORTHWEST

Our annual Ladies' Night Party held May 3 at the Midwest Athletic Club was the huge success we anticipated. Eighty were present for punch bowl and dinner. Sam Goodfriend, our retiring president, presided over the business meeting which was finished in record time. James Mersheimer gave us a few highlights with regard to our new officers before their installation. Our new president, Frank Biedka, looked right at home wielding the gavel for the first time. Brigadier General W. E. Guthner, who is Director of

⁸ Learn the theory of relativity.

⁹ See Orson Welles.

¹⁰ A subtle way of saying that he was engulfed by a cataclysmic holocaust.

Security and Intelligence in the 6th Service Command, was a vigorously applauded guest speaker. The ladies were all anxious to hear their names called as Ben Davidson pulled prizes from a hat. Ben must have spent considerable time buying those beautiful gifts. Mrs. Guthner, Mrs. Goodfriend, Mrs. Zielinski, Mrs. Davidson (was Ben's face red when he called that name), Mrs. Cartwright, Mrs. Oveson, Mrs. Hulla and Mrs. Young were the lucky winners. We understand the effects of the evening's entertainment are still being felt as Sam Goodfriend's daughter-in-law is walking in her sleep and Irv Neer has given up smoking because of the mesmerizing powers of Mr. Bernstein, who started the program with an exhibition of magic and ended it with one of hypnotism . . . Last reports from overseas advise us that Corny Lewandowski is in a hospital in India suffering from a stomach disorder . . . Lt. LaMar Harris was unable to attend our Ladies' Night Party because of a previous commitment to give a clinic, which necessitated his presence in Missouri.—*Folmer Nymark, Branch Correspondent.*

SOUTH SUBURBAN

It's a little bit late for the report on our April meeting, but with the typewriter situation the way it is at present, I hope you men will bear with me in my tardiness. First of all, let me say that you who missed our last meeting certainly lost out on one of the most interesting and entertaining events of years past. Mike Hughes did not exaggerate one iota in his raves about Stanley Tylman's talk. The professional part of the program was devoted to a discussion of facial prosthesis and resilient resins. Dr. Tylman gave us the inside information on the new soft acrylic resins that will appear on the market shortly and which will aid greatly in overcoming some of our denture headaches. The latter part of the program was devoted to movies and a description of his trip from Miami, Florida, down the west coast of South America, across the Andes, up the east coast, and back on north to Washington, D. C. A fellow

really had to be there to appreciate Dr. Tylman's description and to hear him roll off those Spanish idioms and "make" with the eyes and shoulders. Much to the surprise of all of us, we found out that he spent four months studying Spanish so that he could really put his stuff across. He said the fact that he spoke Spanish did as much, if not more, than anything else to win him good will and to make friends. It seems that the South Americans are more than a bit wary of us "Norte Americanos," and to find a northerner who can speak their mother tongue just about overwhelms them. This is nice to know if any of you plan on going down there . . . The following men were elected to office for the coming year: Frank W. Tracy, president; Silvio J. Tiberi, vice-president; Leonard C. Holt, secretary and Charles M. Buckman, treasurer. S. J. Tiberi, L. T. Rowland, and H. C. Drummond were named as members of the golf committee, and the swell time you men are going to have at our annual golf meet will be owing to their efforts . . . I received postcards from those two prominent Blue Island dentists, A. W. Brookstra and E. E. Carlson, who have spent considerable time down in Florida sunning and fishing; Brookstra at Lake Worth and Carlson at Fort Lauderdale. We men in Chicago Heights were happy to see one of our Navy men home on furlough. He was none other than our former president, Pete Iagmin, who looked fine and asked to be remembered to all of you . . . From reliable sources, we learn that Taylor Bell is somewhere in the European theater of operations. We also lost a member of our profession—Dr. Hanell, a life member of the society from down state who was to transfer to our local branch, succumbed suddenly to a heart attack . . . That's about all for now—see you all at the golf meet.—*H. C. Gornstein, Branch Correspondent.*

WEST SIDE

The scientific programs and other activities of the 1943-1944 season having passed in review, and the sound of the passing parade with its resultant cheers

having grown almost imperceptible to our ears, we are once again forced to turn about and look ahead to new committees, new programs and new activities, and with luck, perhaps a cheer or two . . . At the meeting on May 2 at the Midwest Athletic Club, at which many of the more active members were present, valuable advice and assistance was secured in the appointment of new committees . . . Lewis T. Weinshenker spent nearly three months studying the art of cheerful and efficient batching while Mrs. Weinshenker visited their son Capt. Toby at Camp Polk, Louisiana . . . Earl Boulger, Leo Cahill, Michael DeRose, James Guerrero, Victor Griseto, D. W. McEwen and Samuel Rakow were some of the branch members who attended the State meeting at Springfield May 8-11 . . . Michael DeRose attended the seminar on periodontia sponsored by the Academy of Periodontia at the University of Michigan, Ann Arbor, Michigan, April 21-26 . . . Frank Kropik spent a busy two weeks' vacation (?) taking the McKesson course of Anesthesia at Toledo, Ohio, including a day at the Detroit Society meeting and a day in the office of Dr. Walter McBride, observing the practical application of his book on "Juvenile Dentistry" . . . We welcome Elmer Nelson back as a member of the West Side Branch. Elmer's boy entered the U. S. Navy service last fall and is on duty on the high seas . . . As this is my concluding article as a branch correspondent, I wish to say it has been a gratifying experience, although at times arduous, and I wish to thank the membership, the officers under whom I served and the assistant correspondents for their hearty cooperation at all times . . . Frank J. Kropik, my successor, will write the next column. Phone Seeley 8500, and ask for Children's Dental Clinic.—*George F. Vogt, Branch Correspondent.*

WEST SUBURBAN

Since I have been scooping myself with advance information on the happenings at meetings in the last few issues of this here column, I am going to sit back and wait for the State Meeting to pass

before I stick my sun-burned neck out as to who went, who spoke, and who did what. There is a good crowd planning on going, and with a sworn spy in every corner and Bob Pollock with his notebook we should have a complete report for the next issue . . . I am still hearing repercussions concerning the trip to Great Lakes. Expert guidance through the wilds of the North Shore with Lt. Skupa at the helm climaxed the affair. Frank Young, William Foster, and Don Zerwer are additions to the group who made the trip . . . It's a fine kettle of fish in the Michigan Shores where Freddie Hawkins, the fire chief, has to build his own firehouse . . . A red-headed baby boy was added recently to the two boys already at the E. J. Sullivan home. This calls for real "congrats," Sully. Louis W. Schultz gave a lecture and showed films on "Traumatic Temporomandibular Arthritis" and "Plastic Surgery," to the medical and dental staff at Camp Ellis, Illinois, on Friday, April 14. I saw several people from West Suburban at the American Association of Orthodontists' meeting at the Edgewater Beach Hotel, April 25-27. Our faithful girl friends—Ione Kral and Beulah Nelson brightened the scene with their new spring outfits while Howard Buchner, Asa LaGrow, and Kelly Frakes sported nothing more startling than spring ties, probably last year's at that. Also seen were a couple of REVIEW scribes: Howard Strange, who looks more like Fred Barich's portrait of Joe Bicuspid at the Easter Parade than Joe does himself—not that Joe looks so bad since he changed his environment and got away from that smelter smoke.—*Karl von der Heydt, Branch Correspondent.*

ENGLEWOOD

As the bard of old once stated:
 "Sound, sound the clarion, fill the fife!
 To all the sensual world proclaim,
 One crowded hour of glorious life
 Is worth an age without a name."
 Thus with this bit of poetical crescendo does Englewoodia invite you to attend our big annual Golf Outing. Yes sir, fellows, not a crowded hour, but one whole

day of fun and festivity on Wednesday, June 7, at the Navajo Fields Country Club near 123rd & Ridgeland Avenues. Rain or shine! Ben Jostes and his hard working committee have promised a luscious roast beef dinner as well as a list of swell prizes for everyone. The cost? Just a trifling \$3.50 for the complete day's enjoyment or only \$2.00 to those who seek just the dinner. Here's a chance to ease the strain of these busy war-torn days. Obtain your reservation today by calling or writing Walter Laederach at 1305 E. 63rd Street, Plaza 4620 . . . The final meeting of the current year held on Tuesday May 2, was marked by the various committee reports, the installation of new officers and the All-Englewood Clinic revue. Harold Hayes, in a very efficacious manner, presided over the installation of the following new officers—namely, William Hillemeier, president; I. G. Oaf, vice-president; J. L. Lace, secretary; O. L. Medsker, treasurer and T. C. Starshak, director to Chicago Dental Society. Milt Cruse, upon relinquishing the presidency, was duly installed as director to the local branch . . . The state meeting at Springfield seems to have beckoned a goodly number of our group: Tom Starshak, John Hospers, Lester Kalk, Vincent Milas, Willis Bray, Jerry Wilher, John Lace, James Nowlan, Ernest Goldhorn and your scribe were among Englewood's entourage . . . Bob Hattendorf has closed shop for a

month to gain a much needed rest in a sanitarium at Milwaukee . . . Ernie Goldhorn recently spent a week end at Turkey Run, Indiana . . . R. E. Wiegel has left for service* with the Armed Forces. . . . While home on furlough, Lt. Don Reynolds attended the Orthodontic meeting at the Edgewater Beach Hotel. He is stationed at Fort Leavenworth, Kansas . . . I received a most welcome card from Lt. H. S. Feeney the other day. Hugh was visiting Seattle, Washington, before reporting for duty at Klamath Falls, Naval Air Station, Oregon . . . It has been reported that Lt. A. W. Jacobs is on the high seas bound for some foreign shore . . . Our felicitations go to John Lace and his bride of a few weeks. Best wishes and thanks for the cigars John . . . Bill Shippee, Ed Werre and Gus Solfronk are planning a fishing sojourn to Lake-of-Woods, Canada, leaving on or about May 24. The boys, because of difficulty in getting fishing supplies, have resorted to home-made creations of various odds and ends. Salvage Committee take note . . . To obtain a practical lesson in geography at first hand, Malcolm Brooks and his wife recently took their son Malcolm, or "Bitts" as he is more often called, and daughter Carla on a trip to Decatur and various points in southern Illinois and Indiana. —R. C. Van Dam, Branch Correspondent.

1944-45 OFFICERS

(Continued from page 8)

pleted a year as treasurer of the Chicago Dental Society, after having served for three years in the warm-up position of director to the Society from the Northwest Branch. He has spent five years on the Practice Management Committee of the Society, two years as vice-chairman, and three years as chairman, and is currently a member of the Professional Guidance Committee of the Dental Hygiene Institute.—Ben Davidson.

Two new directors will assume their duties at the May meeting. They are Thomas Starshak, who will replace Les-

ter Kalk as director from the Englewood Branch and Edwin Baumann, who succeeds R. B. Mundell from the North Suburban Branch.

Dr. Starshak has served the Chicago Dental Society in numerous ways including the chairmanship of the Limited Attendance Clinics at the Midwinter Meeting, and is a past president of the Englewood Branch.

Dr. Baumann has acted as president of the North Suburban Branch and in various other capacities. He also has been active in the affairs of the Chicago Dental Society and was chairman of the important General Arrangements Committee for the 1941 Midwinter Meeting.

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Manuscripts and news items of interest to the membership of the Society are solicited.

Forms close on the fifth and twentieth of each month. The early submission of material will insure more consideration for publication.

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The following applications have been received by the Ethics Committee. Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Dr. Chester G. Blakeley, 7058 S. Euclid Avenue. Anonymous communications or telephone calls will receive no consideration.

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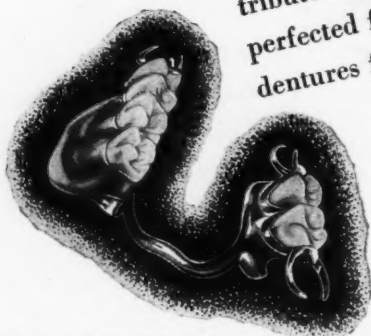
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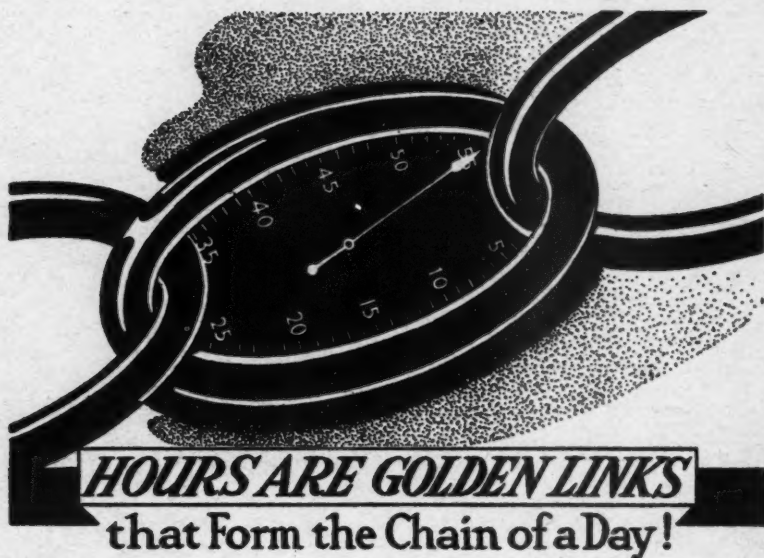
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